PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	/ minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	/ min	us 3 =	*			X40=		OR	X80=	
ΜU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	355	OR	TOTAL		
	CLAIMS AS AMENDED - PART II										OTHER THAN SMALL ENTITY	
		(Column 1)			mn 2)	(Column 3)		SMALL E		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		1	+135=		OR	+270=	
		,					ļ	TOTAL		OR	TOTAL ADDIT. FEE	
				(0.1)	0\	(Oalumn 0)		ADDIT. FEE	<u> </u>	ı	AUUH, FEE	
_		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	ו ו	,	ADDI-	Ì	r	ADDI-
AMENDMENT B	1	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***	IT OL ALLA]=		X40=		OR	X80=	
	FIRST PRESE					」 .	+135=		OR	+270=		
		BEST	AVAIL	ARLI		JPY		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)	_	70011.1 ==				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	4	X40=		OR	X80=	
Ľ	FIRST PRESI	ENTATION OF N	AULTIPLE DE	PENDE	NI CLAIN	1	لـ	+135=		OR	070	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL		OR	TOTA	L.
:	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/672493

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

		Total Fo	e Calcula	tion	1			
	Fee Cade	Total # Claims	Number Extra	X	Fcc	Fee	•	Total
	Sm./Lg.				Sm. Entity	Lg. Entiry	,	
Basic Filing Fee	201/101	,	_	/			•	353
Total Claims >20	203/103	<u>6</u> -20	/_/	X			• -	
Independent Claims >3	202/102		- //	Х			• .	
Mult. Dep Claim Present	204/104					 -		
Surcharge	205/105	•					-	
English Translation	139							
TOTAL FEE CALCUL	ATION				·			753
Fees due upon filing t	the application	:				•		
Total Filing Fees Due	:= 5	·	355			•		
Less Filing Fees Subr	πiπed - \$		3/16	_			<u>-</u>	-
BALANCE DUE	= 5		0,00					
Office of Initial Payen	t Examination							
	•	1	igure 7		•			